



Washington State Department of Personnel

Director's Review

Director's Review Program 521 Capitol Way South PO Box 47500 Olympia WA 98504-7500	Phone: 360-664-6334 FAX: 360-586-4694
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This form will help you provide necessary information to the Department of Personnel when you file a request for a Director's Review. You are not required to use this form; however, the request must be filed in accordance with Chapter 357-49 WAC. If the space on the form is insufficient or if you wish to provide additional information, you may attach additional pages.

TYPE or PRINT your answers - SIGN on Page 2

I. Requestor Information

Last Name	First Name	Middle Name	Employee Number
Home Address	City	State	ZIP Code
Home Phone (Include Area Code)	Work Phone (Include Area Code)	Alternate Contact Info	
Current Employer	Employer Who Took Action Being Reviewed		

II. Representative Information (Optional)

A requestor may authorize a representative to act on his/her behalf. The Director must be notified of any change in representation.

Name	Address	Phone (Include Area Code)
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III. Type of Review

Check one of the following to indicate the type of review you are requesting.

- ☐ a. Rule or law violation, including performance evaluation process or procedure and remedial action.
(Complete Part IV of this form)
- ☐ b. Layoff rule violation (Complete Part IV of this form)
Effective Date of Layoff
- ☐ c. Allocation - position classification (Complete Part V of this form)
- ☐ d. Examination results
- ☐ e. Removal of your name from a Department of Personnel maintained applicant/candidate pool or layoff list.

If applicable, attach a copy of the action notification letter you received from your employer.

IV. Reviews of Rule or Law Violation – Including Layoff Rules

Your request must cite the specific section of the state civil service law (Ch. 41.06 RCW) or rules (Title 357 WAC) which you claim was violated, the particular circumstances of the alleged violation, and how you were adversely affected by the alleged violation. Your request should also include the remedy you are requesting.

What rule(s) or law(s) were violated?

RCW 41.06

WAC 357

What were the circumstances and how were you adversely affected?

Determination already made by employer ☐ YES ☐ NO

If yes, the date _____ and by whom _____

Describe the particular circumstances of the alleged violation.

Describe how you were adversely impacted by the alleged violation.

State the remedy you are requesting.

V. Allocation Reviews

Which classification do you believe better describes your duties?

Has the employer already made a determination? ☐ YES ☐ NO

If yes, the date _____ and by whom _____

Describe the duties and responsibilities you perform that you feel are outside of your present classification.

Attach copies of the Position Description form for your position and Employer's Determination letter.

I. Requestor /Representative Signature

Print Name

Date

Signature

The Public Records Act, RCW 42.17.250, et. seq., requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department of Personnel will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.